

REQUEST FOR CLOTHING ISSUE

COMNAVRESFOR P7300.1B

COMPLETED BY RECRUITING/ADMIN

NAME: (LAST, FIRST, M.I.)		RATE:	SSN:	UNIT ASSIGNED:	
<input type="checkbox"/> <small>yes</small> <input type="checkbox"/> <small>no</small> PRIOR SERVICE	<input type="checkbox"/> <small>yes</small> <input type="checkbox"/> <small>no</small> NAVAL RESERVE SERVICE			<input type="checkbox"/> <small>yes</small> <input type="checkbox"/> <small>no</small> OTHER SERVICE	
EXPIRATION DATE OF LAST ENLISTMENT:	REASON FOR EXPIRATION: <input type="checkbox"/> SEPARATED <input type="checkbox"/> DISCHARGED		SEPARATION DATE:		AFFILIATION DATE:
FEMALES ONLY: NAVCOMPT 3060 AND PAGE 13 COMPLETED DATE _____					
SIGNATURE OF RECRUITING/ADMIN SUPERVISOR:					DATE:

COMPLETED BY RESERVIST/SUPPLY**ISSUE:** ☐ INITIAL ☐ REPLACEMENT ☐ UTILITY ☐ OTHER**ENTER CLOTHING SIZES**

HAT _____

SHIRT _____ (MALE: NECK/SLEEVE) (FEMALE: BUST/NECK/SLEEVE)

CHEST _____

WAIST _____

JUMPER _____ (CHEST AND LENGTH SHORT/REGULAR/LONG)

GLOVE _____ (MALE: SM/MED/LG/XLG) (FEMALE: SIZES 6-9)

SHOE _____ (SIZE AND WIDTH) (MALE: XN/N/R/W/XW) (FEMALE: A/B/C/D/E)

SOCKS _____

HEIGHT _____ FT. _____ IN.

COMPLETED BY RESERVIST ONLY**ENTER CHOICE OF CLOTHING ARRIVAL NOTIFICATION INFORMATION**

<input type="checkbox"/> BY PHONE	PHONE NUMBER:	<input type="checkbox"/> BY MAIL	MAILING ADDRESS:
SIGNATURE OF RESERVIST:			

SUPPLY USE ONLY**CLOTHING WILL NOT BE ORDERED UNLESS ALL ITEMS ABOVE ARE CLEARLY AND PROPERLY COMPLETED.**

VERIFIED BY: (SIGNATURE)	DATE:	DATE ORDERED:	DATE MAILED/CALLED:
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REMARKS:

THIS REQUEST DOCUMENT IS TO BE KEPT WITH RESPECTIVE NAVRES 10120/1, 10120/2, 10120/3, IN COMPLETED FILE AS HISTORICAL DOCUMENT.